

**UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH**

APPLICATION FOR DUI INSTRUCTOR CERTIFICATION

Full Name

Employing Agency

Home Address & Zip Code

()

Home Phone

Business Address & Zip Code

()

Agency Phone

Social Security Number

Employment Start Date

e-mail address: _____

Program License #

Title:

From

to

Duties:

Education (Highest level completed and Degree(s):

Licenses/Certifications:

Second Language:

Next available trainings:

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May 1-4, 2006

The Yarrow Hotel

1800 Park Avenue

Park City, Utah 84060

800-927-7694

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October 16-19, 2006

Radisson Hotel, Downtown

215 West South Temple

Salt Lake City, Utah 84101

801-531-7500

Please attached \$250 conference fee, made payable to PRI, with registration.

Training will be 8:00 a.m. to 5:00 p.m. Breakfast and afternoon break included.

Any hotel and other meal expenses are on your own.

I understand that I am bound by Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot disclose records or information without the client's written consent unless otherwise provided for in the regulations (Code of Federal Regulations).

I attest to the best of my knowledge that all information in this application is accurate and complete. I understand I must complete DSA required training and testing in order to be certified/re-certified as a DUI Instructor.

Applicant's Signature

Date of Signature

This is to certify that I have reviewed the requirements of Instructor certification in accordance with Section R544-4-4 of the Utah Administrative Code and determined he/she is qualified to be trained and tested for DUI certification/re-certification.

Employing Agency Director or Designee

Date of Signature

SUBMIT THIS APPLICATION TO:

**Victoria Delheimer, LPC, LMFT
State Division of Substance Abuse & Mental Health
120 North 200 West, Room 209
Salt Lake City, Utah 84103
Phone: (801) 538-4379
Fax: (801) 538-9892**